



**STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF FIRE STANDARDS & TRAINING
BUREAU OF EMERGENCY MEDICAL SERVICES**

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**TRAUMA MEDICAL REVIEW COMMITTEE
COMMITTEE MEETING**

**April 14, 2004
Richard M. Flynn Fire Academy
Concord, New Hampshire**

Members Present: John Sutton, MD, Eileen Corcoran, RN, Michael Pepin, EMTP, Kathy Bizarro, Nick Mercuri, RN, EMTP,

Guests: Janet Houston, Sharon Phillips, RN,

Bureau Staff: Clay Odell, EMTP, RN, Fred von Recklinghausen, EMTP, John Clark, EMTP, JD, Sue Prentiss, EMTP, Bureau Chief

I. Call to Order

Item 1. The April meeting of the Trauma Medical Review Committee was called to order by Dr. Sutton at 9:35 am on Wednesday April 14, 2004 at the Richard M. Flynn Fire Academy in Concord, NH.

II. Acceptance of Minutes

Item 1. Minutes. The minutes of the February meeting were approved by email by all who attended that meeting, and were distributed by e-mail prior to this meeting. There was no discussion regarding the minutes.

III. Committee Discussion Items

Item 1. NH EMS Update Bureau Chief Sue Prentiss presented a report on Bureau activities. That report is attached to these minutes.

Item 2. Renewal Process & Hospital Updates Clay Odell reported that the EMS Coordinating Board approved the trauma hospital renewal of assignment plan at the March meeting. Clay made some minor adjustments on the application packet and then contacted Southern NH Medical Center and Littleton Regional Hospital about being the initial participants in the project based on their facilities being the first to achieve initial assignment. Both hospitals agreed and were send packets. Clay will be following up with those hospitals next week to get feedback about the application and to answer any questions.

Once any glitches found in the application process are resolved the TMRC expressed their desire to send out renewal application packets to all non-current facilities at the same time, rather than space them out over the rest of 2004.

Item 3. Legislative activity Janet Houston advised the TMRC about new federal legislation to fund trauma system activities. She distributed copies of HR 3999 "Trauma Research and Access to Urgent Medical Attention Act of 2004" ("TRAUMA Act of 2004"). Janet expressed concern that this bill would require some activities that NH hospitals might find objectionable, such as mandating trauma registry and data reporting to the federal government, and requiring matching funds from the states.

In addition Janet said that this act eliminates funding of the EMS-C programs and transfers those funds to trauma funding. She said the American Academy of Pediatrics and the American College of Emergency Physicians oppose the act. She encouraged members and guests of the TMRC to familiarize themselves with this legislation and contact their legislators.

Item 4. TEMSIS Fred von Recklinghausen gave an update on the Trauma and EMS Information System (TEMSIS) project. Achievements of the project to date include several presentations by nationally recognized experts, consensus achieved on the data dictionary (data points to be collected), an educational program is under development, a newsletter has been published and distributed, and funding sources have been identified.

Current tasks include working with the state's Information Technology department to develop an evaluative testing process, pushing a grant from the NH Highway Safety Agency, investigating the feasibility of tying into bioterrorism funding with the NH department of Health and Human Services.

Future tasks include rewriting Saf-9500 Rules for data entry, visiting EMS Councils, identifying hardware and software needs for hospitals, selection of vendor, finalization of educational program and conducting classes, and hopefully go live with the new system by March 2005

Item 5. NH EMS Patient Care Record (PCR) Survey John Clark presented the results of a survey that was conducted to determine the current status of patient care reporting in NH. Surveys went out to 300 licensed EMS units, 49% completed the survey. 88% of the respondents indicated the state PCR is easy or somewhat easy to use. 59% of the respondents are currently managing some of the PCR data electronically. The survey gathered information concerning current internet access and what type of computer platforms are currently in use by EMS units. EMS agencies were polled as to what types of data reports they would find useful.

Item 6. System Performance Improvement Project status Clay and Fred discussed their plan to have the results of the NH Head Injury and Procedures study

accepted as a poster presentation or abstract for publication. This is part of developing NH's ability to effectively study trauma by subjecting our research to scrutiny to peer review.

Fred presented a PowerPoint show in which he presented numbers that had been fine tuned, the results of the study and distributed a draft of the abstract. Committee members made several suggestions such as clarifying that the number of patients studied reflected all patients who suffered traumatic brain injury in NH, not just NH residents, clarify the neurosurgical procedures that were done, consider obtaining numbers for 1996 for comparison, and investigate those patients who apparently had a neurosurgical procedure done at an unassigned trauma hospital.

An additional component of this study is to investigate the trauma registries of the Level I and II facilities in NH to correlate with the hospital discharge data in this study.

III. Old Business

Item 1. Air Medical Notification Project John Clark reported that the early notification evaluation study is in place in the Southwest Mutual Aid dispatch system. John has met with Chris Fore MD and Sharon Phillips, RN of Concord Hospital and John Swenson, FF/EMTP representing Capital Area Mutual Aid dispatch. Another meeting is scheduled for April 20th. John is working on the protocol and investigating the concept of a dedicated "hotline" from dispatch to DHART Communications.

Item 2. Air Medical Transport (AMT) protocol project Clay Odell reported that the concept of statewide standing orders for activation of air medical transport from the scene was received favorably by the EMS Medical Control Board at their meeting last month. Clay and Dr. Sutton were requested to submit a proposed protocol to the Protocol Subcommittee.

There was considerable discussion about what types of patient conditions should be included in the protocol for standing orders. It was emphasized to the group that the protocol would enable prehospital providers to activate AMT but not require them to do so. It was also emphasized that if EMS providers determined AMT was needed, but the patient's condition did not match the conditions in the standing order protocol they could still request AMT with the on-line approval of medical control.

The discussion was very helpful and Clay and Dr. Sutton will continue working on the draft protocol and email it out to TMRC members and regular guests for review and feedback prior to submitting it to the Protocol Subcommittee.

IV. New Business

Item 1. Fall Trauma Conference The tentative date for the 2004 trauma stakeholder's conference is November 10, 2004. It will once again be held in Meredith at the Inn at Mill Falls, in their new conference facility.

Sue Prentiss indicated that she is investigating the use of federal trauma grant funds to help underwrite the conference. Evaluation and monitoring are emphasized in the trauma grant, so it would be helpful if evaluation and monitoring were a major theme of the conference. In addition Rural Health has earmarked \$3500 for speaker costs. EMS-C does not have funds for the conference as it did in previous years.

Clay asked the group to think about participating in the conference planning subcommittee and to contact him about topics and/or speakers.

Item 2. Trauma Coordinator's meeting Clay Odell announced a meeting to be held at the NH Fire Academy on May 12th that will pull together all the people who are the designated trauma program coordinator for their hospital. This meeting is in response to several requests for such a meeting by various trauma coordinators. This meeting will provide an opportunity to share knowledge and ideas, learn from each other and discuss how to participate more fully in the NH Trauma System.

The NH Bureau of EMS is offering an educational opportunity at this meeting by sponsoring Alice Gervasini, PhD, RN, who is the Trauma Program Manager at Massachusetts General Hospital, and is a nationally recognized authority on trauma program issues. She will be giving a presentation on the role of the trauma program manager from a national perspective.

Item 3. Enhanced EMS Public Health Course status Clay Odell reported that the last class of the Enhanced EMS Public Health (injury prevention) Program is being held today. The participants have been working on their community projects and will report on those projects as part of their graduation ceremony which will be held at the NH Fire Academy during EMS Week (May 16 – 22). Ten EMS providers are participating in the course.

Joseph Sabato, MD is planning to conduct another session of the program as well as a second module to add to the skills acquired by the first group. He is also looking into ways to sustain the effort in the future.

Clay also reports that he will be speaking at the NH EMS Conference at Mt. Sunapee on April 24th on the EMS role in injury prevention and will be working with Elaine Frank of the Injury Prevention Center at Dartmouth to conduct a mini-workshop at the conference.

Item 4. NHHA hospital diversion website project Kathy Bizarro discussed an effort that the NH Hospital Association is taking a lead position with NH Dept. of Health & Human Services and NH Dept. of Safety, related to hospital diversion. A diversion policy is currently in place in the Seacoast area. This process involves contacting the

NH Bureau of Emergency Communications (E911) who then makes the notifications to parties by phone. This process is time consuming. The group is looking into whether "Virtual Alert" software could facilitate the process more quickly, and is also interested in determining the feasibility of a website to make the status easier to display in emergency departments. There has been some discussion of partnering with Vermont and Maine for this effort.

Dr. Sutton said that Connecticut has a refined system in place similar to this effort, and Fred von Recklinghausen said that Massachusetts has a diversion website in place. The TMRC will be interested in this project as it develops.

V. Public Comment

Janet Houston distributed a copy of a letter that has gone out from Rob Gougelet, MD, soliciting members for the NH Medical Strike Team, which will be part of the Northern New England Metropolitan Medical Response System (MMRS).

Clay Odell distributed a copy of an information packet that was sent to all NH hospitals regarding a letter clarifying the use of hospital owned helipads for the transfer of trauma patients from the field. The NH Bureau of EMS solicited and received clarification from the Boston regional office of the Center for Medicare and Medicaid Services about EMTALA obligations if an ambulance met up with a helicopter service at a hospital helipad to transfer a patient to another trauma facility. There continues to be confusion about this topic in NH. The letter stated that the hospital in the above scenario incurred no obligation under EMTALA unless the ambulance or helicopter crew requested assistance from the emergency department staff.

VI. Adjournment

Dr. Sutton adjourned the meeting at 11:45 . He advised the group that the next meeting of the Trauma Medical Review Committee will be held at the Richard M. Flynn Fire Academy on Wednesday June 16, 2004.